Volume: Vendor Management

Citation: 246.12(i) Approval Date: 2/2010 Nebraska Health & Human Services NEBRASKA WIC PROGRAM <u>Procedure Title</u>: WIC Vendor

Agreement Training

Purpose

- A. If the application and site visit are acceptable and the store is approved; the person who has the <u>legal</u> authority to obligate the store by signing the contract or a designee thereof, <u>must</u> attend a training session. Additional store employees involved in WIC transactions, are also encouraged to attend.
- B. The sites and times for the training will be coordinated by the local agency vendor manager. For a store not currently participating on the WIC Program and that has been approved, a site and time for training will need to be worked out with the retailer and the local agency vendor manager. A variety of sites and times will need to be offered during those years when stores currently participating on the WIC Program are considered for authorization, so that all the retailer representatives have an opportunity to attend one of the sessions offered.
- C. If the retailer fails to attend a session, another opportunity for a training session must be provided to the retailer. Please notify the State WIC vendor management coordinator if you have a retailer who fails to attend a training session.
- D. The vendor must complete the <u>required</u> training session before the WIC contract can be signed to become a WIC approved vendor. Other store employees involved in WIC transactions may also attend the training session.
- E. Contract training is required for each 3 year contract period and may be required more frequently if a need exists as determined by the State WIC office or the local WIC agency.
- F. For contract training sessions held during those years when stores currently participating on the WIC Program are considered for reauthorization, an example of a form letter and training schedule to use is given on pages 2d and 2e. This could be used to inform the retailer of the dates, locations, and times for the contract training sessions. An example of a confirmation letter to verify registration for the contract training session is on page 2f. Copies of the training schedule should be retained as documentation of training held.
- G. Vendor Training Session the Nebraska WIC Program Vendor Training Packet provides the main guidelines which should be emphasized with store personnel.
 This packet is available from the State WIC office.

- H. All of the store personnel attending the contract training session should sign the "Record of Attendance" form. This form should be retained in the vendor's file. Document the training in the WIC computer system.
- I. Materials available from the State Agency, unless otherwise noted, for use with retailers:
 - Nebraska WIC Program Vendor Application Packet Grocery Store
 - Nebraska WIC Program
 Vendor Application Packet Special Purchase Store
 - 3. Nebraska WIC Vendor Authorization Process Log Sheet
 - 4. Review Sheet for WIC Vendor Eligibility
 - 5. Nebraska WIC Program Retail Vendor Agreement
 - 6. Nebraska WIC Program Vendor Handbook
 - 7. Nebraska WIC Program Vendor Contract Training Packet
 - 8. Nebraska WIC Program Retailer's Toolkit
 - 9. Processing Nebraska WIC Checks Card
 - 10. Nebraska WIC Approved Foods *Booklet*
 - 11. Blue WIC Information Cards
 - 12. WIC Food Price Reporting List
 - 13. Approved Nebraska WIC Vendor Poster: Grocery Store
 - 14. Approved Nebraska WIC Vendor Poster: Special Purchase Store
 - 15. Nebraska WIC authorized vendor number stamps
 - 16. Nebraska WIC Program Shelf Labels
 - 17. Nebraska WIC Program Vendor Monitoring Report For Routine And High Risk Monitoring
 - 18. Nebraska WIC Program Vendor Follow-up Report
 - 19. Cashier's Training Video/DVD
 - 20. Cashier's Interactive Training DVD

| J. Each Local Agency is required to keep their vendors update current policies, approved foods, etc. | | |
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| (Date) |
|---|
| (Retailer's Name and Address) |
| |
| Dear : |
| Congratulations on the approval of your application for authorization as a Nebraska WIC approved retailer for the contract period October 1, 20 through September 30, 20 |
| We have scheduled training sessions in September for person(s) who are responsible for the WIC Program in your store. Contracts will be signed at this training session so you must have a person in attendance who has the legal authority to sign your store's contract. We also strongly encourage attendance by those persons in your store who are responsible for training store personnel on WIC transactions. |
| Enclosed is a training session schedule. Please fill it out and return by (date). Confirmation of the training will be sent to you. |
| We appreciate your cooperation and assistance. Please contact me at (phone number) if you have any questions regarding this training. |
| Sincerely, |
| (Name and Title) |
| Enclosure |
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VENDOR CONTRACT TRAINING SCHEDULE

| Please mark your first choice using a "1", your second and third choices, using a "2" and "3". | | | | |
|--|---|---|--|--|
| Each session v | vill last approximately 2 ho | purs. | | |
| (Day and Date(time)(time)(time) (Day and Date | and Location) and Location) | (Day and Date and Location) (time) (time) | | |
| (time) (time) | | | | |
| | | | | |
| Store Name _ | | | | |
| Store Address | | | | |
| | | | | |
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| | | | | |
| RETURN BY | (DATE) TO: | | | |
| | (Vendor manager's name) (Agency name and address | s) | | |
| THANK YOU | 1 | | | |

| (Date) |
|---|
| (Retailer's Name and Address) |
| Dear : |
| We have scheduled (name or names) to attend the vendor contract training session on (date) at (time). |
| The session will last approximately two hours and will be held at (location). |
| Contracts will be signed at the conclusion of the training session. The person attending must have the legal authority to sign your store's contract and be willing to accept responsibility for the terms of the contract. If they cannot, please contact me immediately at (phone). |
| We are looking forward to seeing you or your designee at the upcoming session. |
| Sincerely, |
| |
| (Name and Title) |
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